FO2286999

Table of Contents

COUNTY OF LOS ANGELES
SHERIFF'S DEPARTMENT
A Tradition of Service

DATE: November 4, 2011
FILE NO:

OFFICE CORRESPONDENCE

FROM: JOSEPH S. HARTSHORNE, COMMANDER
OFFICE OF THE UNDERSHERIFF

TO: JOSEPH B. NUNEZ, CAPTAIN
INTERNAL AFFAIRS BUREAU

SUBJECT: EXECUTIVE FORCE REVIEW COMMITTEE FINDINGS:

Case Number:	FO2286999
Incident:	Use of Force
Incident Date:	February 23, 2011
Unit:	Inmate Reception Center
Suspect:	Cesar Mencia MH/25
Involved Employees:	Deputy James Sexton #[redacted] Deputy [redacted] #[redacted] Deputy Taylor Ingersoll #[redacted] Deputy [redacted] #[redacted]
EFRC Date:	October 4, 2011

On October 4, 2011, the Executive Force Review Committee consisting of Commander Joseph Hartshorne, Commander Michael Rothans, and Commander Anthony La Berge met and reviewed the above case. The applicable policies that were evaluated were: MPP 3-01/025.00, Use of Force; Unreasonable Force; and 3-01/050.10, Performance to Standards.

FINDINGS:

The Committee determined that the force used by Deputies Sexton, [redacted] Ingersoll, and [redacted] was reasonable, necessary, and in compliance with Department Policy. The Committee also determined that the tactics used by the deputies were sound and reasonable.

Los Angeles County Sheriff's Department
Supervisor's Report on Use of Force

Incident Information

URN: 911-00209-5120-145	Date: 2/23/11	Time: 2000	
Location: Inmate Reception Center	City or Station: Los Angeles		
Bureau/Station/Facility: Correctional Services Division	Admin. Investigation: YES ☐ NO ☒		
Type of Force: Significant Force-Skeletal Fracture			
Deputy Injury: YES ☒ NO ☐	Suspect Injury YES ☒ NO ☐		
☐ Call	☒ Observation	☐ Detail	☐ Foot Pursuit ☐ Vehicle Pursuit
IAB Notified: YES ☒ NO ☐	Person Notified: Lt. Montez	Emp: [redacted]	IAB Roll Out: YES ☒ NO ☐

Involved Employee

E1

Employee # [redacted]	Last Name: Sexton	First Name: James	Middle Name: M.
Sex: ☒ Male ☐ Female	Race: White	Unit of Assignment: Custody Investigative Services	Work Assignment (Unit #, Module, etc.): Gang Investigator
Shift: ☐ EM ☐ Day ☒ PM	☒ Regular Shift ☐ OT Shift ☐ Off Duty	Age: [redacted]	Height: 509 Weight: 180
☒ Injured ☒ Treated ☐ Admitted	Hospital: U.S. Health Works	Coroner Case #	Directed Force ☐ Significant Force ☒

E2

Employee # [redacted]	Last Name [redacted]		
Sex: ☒ Male ☐ Female	Race: O	Unit of Assignment: Inmate Reception Center	Work Assignment (Unit #, Module, etc.): Booking Front
Shift: ☐ EM ☐ Day ☒ PM	☒ Regular Shift ☐ OT Shift ☐ Off Duty	Age: [redacted]	Height: [redacted] Weight: [redacted]
☐ Injured ☐ Treated ☐ Admitted	Hospital:	Coroner Case #	Directed Force ☐ Significant Force ☐

E3

Employee # [redacted]	Last Name: Ingersoll	First Name: Taylor	Middle Name: L.
Sex: ☒ Male ☐ Female	Race: White	Unit of Assignment: Inmate Reception Center	Work Assignment (Unit #, Module, etc.): Booking Front
Shift: ☐ EM ☐ Day ☒ PM	☒ Regular Shift ☐ OT Shift ☐ Off Duty	Age: [redacted]	Height: 600 Weight: 200
☐ Injured ☐ Treated ☐ Admitted	Hospital:	Coroner Case #	Directed Force ☐ Significant Force ☒

☐ **Additional Involved Employees**

On Duty Supervisor

Emp. #	Last Name	First Name	Middle Name	Rank	Present	Witness to Incident
[redacted]	Peterson	James	C.	Sgt.	YES ☒ NO ☐	YES ☒ NO ☐
					YES ☐ NO ☐	YES ☐ NO ☐

Watch Sergeant

Emp. #	Last Name	First Name	Middle Name

Watch Commander

Emp. #	Last Name	First Name	Middle Name
[redacted]	Saunders	Gregory	

Lieutenant Gregory Saunders
Watch Commander (**Print Name**) | Watch Commander's **Signature**: | Emp #: | Date

Sergeant Brenda Parker
Supervisor Completing Form: (**Print Name**) | [redacted] Emp #: | Copy Provided to Employee by: | Emp #:

Captain Gerald Cooper
Unit Commander (**Print Name**) | Unit Commander's **Signature**: | Emp #: | Date

DISCOVERY Use Only
FO#

Hybrid Form SH-R-438P (Rev. 11/07)

Original: Discovery Unit
Copy: Unit Commander

Supervisor's Report on Use of Force
INVOLVED EMPLOYEE - Continuation
911-00209-5120-145

Involved Employee

E 4

Employee # [redacted]	Last Name [redacted]	First Name	Middle Name
Sex: ☒ Male ☐ Female	Race: White	Unit of Assignment: Inmate Reception Center	Work Assignment (Unit #, Module, etc.): Booking Front
Shift: ☐ EM ☐ Day ☒ PM	☒ Regular Shift ☐ OT Shift ☐ Off Duty	Age: [redacted]	Height: [redacted] Weight: [redacted]
☐ Injured ☐ Treated ☐ Admitted	Hospital:	Coroner Case #	Directed Force [redacted] Significant Force ☐

E__

Employee #	Last Name	First Name	Middle Name
Sex: ☐ Male ☐ Female	Race:	Unit of Assignment:	Work Assignment (Unit #, Module, etc.):
Shift: ☐ EM ☐ Day ☐ PM	☐ Regular Shift ☐ OT Shift ☐ Off Duty	Age:	Height: Weight:
☐ Injured ☐ Treated ☐ Admitted	Hospital:	Coroner Case #	Directed Force ☐ Significant Force ☐

E__

Employee #	Last Name	First Name	Middle Name
Sex: ☐ Male ☐ Female	Race:	Unit of Assignment:	Work Assignment (Unit #, Module, etc.):
Shift: ☐ EM ☐ Day ☐ PM	☐ Regular Shift ☐ OT Shift ☐ Off Duty	Age:	Height: Weight:
☐ Injured ☐ Treated ☐ Admitted	Hospital:	Coroner Case #	Directed Force ☐ Significant Force ☐

E__

Employee #	Last Name	First Name	Middle Name
Sex: ☐ Male ☐ Female	Race:	Unit of Assignment:	Work Assignment (Unit #, Module, etc.):
Shift: ☐ EM ☐ Day ☐ PM	☐ Regular Shift ☐ OT Shift ☐ Off Duty	Age:	Height: Weight:
☐ Injured ☐ Treated ☐ Admitted	Hospital:	Coroner Case #	Directed Force ☐ Significant Force ☐

E__

Employee #	Last Name	First Name	Middle Name
Sex: ☐ Male ☐ Female	Race:	Unit of Assignment:	Work Assignment (Unit #, Module, etc.):
Shift: ☐ EM ☐ Day ☐ PM	☐ Regular Shift ☐ OT Shift ☐ Off Duty	Age:	Height: Weight:
☐ Injured ☐ Treated ☐ Admitted	Hospital:	Coroner Case #	Directed Force ☐ Significant Force ☐

Supervisor's Report on Use of Force
SUSPECT INFORMATION
911-00209-5120-145

Suspect Information

S 1

Last Name: Mencia	First Name: Cesar	Middle Name: M.
AKA Last Name: Mancilla	First Name: Cesar	Middle Name:

Sex	Race	Street Address	City	State & Zip Code
☒ Male ☐ Female	H	[redacted]	[redacted]	[redacted]

Work Phone	Home Phone	Age	Height	D.O.B.	Weight	Armed?
[redacted]	[redacted]	25	600	07/04/85	180	☐

Booking #: 2652415 Primary Charge Code: 69 PC Secondary Charge Code: 243(b) PC Criminal History [redacted]

EMT in attendance? ☐ YES ☒ NO Name: ____ Unit: ____ Phone #: ____

Hospital Admission? ☒ Rec'd Treatment At: Los Angeles County Medical Center Coroner Case #: ____ Mental History ☐

By Doctor: Kim Address: 2051 Marengo St., L.A., CA 90033 Phone #: (323)409-4563

Under Influence: ☒ YES ☐ NO Substance: marijuana, cocaine, methamphetamine Mental Illness ☐

Suspect Interview

Date: 02/23/11 Time: 2130 Audiotape: ☐ Videotape: ☒ Photos of Injuries: ☒

Suspect Information

S__

Last Name:	First Name:	Middle Name:
AKA Last Name:	First Name:	Middle Name:

Sex	Race	Street Address	City	State & Zip Code
☐ Male ☐ Female				

Work Phone	Home Phone	Age	Height	D.O.B.	Weight	Armed?
						☐

Booking #: Primary Charge Code: Secondary Charge Code: Criminal History ☐

EMT in attendance? ☐ YES ☐ NO Name: ____ Unit: ____ Phone #: ____

Hospital Admission? ☐ Rec'd Treatment At: ____ Coroner Case #: ____ Mental History ☐

By Doctor: ____ Address: ____ Phone #: ____

Under Influence: ☐ YES ☐ NO Substance: ____ Mental Illness: ☐

Suspect Interview

Date: Time: Audiotape: ☐ Videotape: ☐ Photos of Injuries: ☐

Suspect Information

S__

Last Name:	First Name:	Middle Name:
AKA Last Name:	First Name:	Middle Name:

Sex	Race	Street Address	City	State & Zip Code
☐ Male ☐ Female				

Work Phone	Home Phone	Age	Height	D.O.B.	Weight	Armed?
						☐

Booking #: Primary Charge Code: Secondary Charge Code: Criminal History ☐

EMT in attendance? ☐ YES ☐ NO Name: ____ Unit: ____ Phone #: ____

Hospital Admission? ☐ Rec'd Treatment At: ____ Coroner Case #: ____ Mental History ☐

By Doctor: ____ Address: ____ Phone #: ____

Under Influence: ☐ YES ☐ NO Substance: ____ Mental Illness ☐

Suspect Interview

Date: Time: Audiotape: ☐ Videotape: ☐ Photos of Injuries: ☐

☐ **Additional Suspects Involved**

Supervisor's Report on Use of Force
EMPLOYEE / NON-EMPLOYEE INFORMATION
9 1 1 - 0 0 2 0 9 - 5 1 2 0 - 1 4 5

Employee Witnesses

Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name

Non-Employee Witnesses

Last Name [redacted]	First Name [redacted]	Middle Name Bkg # [redacted]		Age 32	D.O.B. [redacted]
Street Address [redacted]	City [redacted]	Zip Code [redacted]	Work Ph. [redacted]	Home Ph. [redacted]	
Last Name [redacted]	First Name [redacted]	Middle Name Bkg # [redacted]		Age 31	D.O.B. [redacted]
Street Address [redacted]	City [redacted]	Zip Code [redacted]	Work Ph. [redacted]	Home Ph. [redacted]	
Last Name [redacted]	First Name [redacted]	Middle Name Bkg # [redacted]		Age 32	D.O.B. [redacted]
Street Address [redacted]	City [redacted]	Zip Code	Work Ph. [redacted]	Home Ph. [redacted]	
Last Name [redacted]	First Name [redacted]	Middle Name Bkg # [redacted]		Age 34	D.O.B. [redacted]
Street Address [redacted]	City [redacted]	Zip Code [redacted]	Work Ph. [redacted]	Home Ph. [redacted]	
Last Name	First Name	Middle Name		Age	D.O.B.
Street Address	City	Zip Code	Work Ph.	Home Ph.	
Last Name	First Name	Middle Name		Age	D.O.B.
Street Address	City	Zip Code	Work Ph.	Home Ph.	
Last Name	First Name	Middle Name		Age	D.O.B.
Street Address	City	Zip Code	Work Ph.	Home Ph.	
Last Name	First Name	Middle Name		Age	D.O.B.
Street Address	City	Zip Code	Work Ph.	Home Ph.	
Last Name	First Name	Middle Name		Age	D.O.B.
Street Address	City	Zip Code	Work Ph.	Home Ph.	

☐ Additional Witness

Method

(AW) Arwen
(BC) Baton: (Control)
(BI) Baton: (Impact)
(BF) Bodily Fluids
(CN) Canine
(CR) Carotid Restraint
(CH) Choke Hold
(CT) Control Holds: (Control Techniques)
(TT) Control Holds: (Team Takedown)
(TD) Control Holds: (Takedown)
(CE) Chemical
(OC) Chemical Agents (OC Spray)
(TG) Chemical Agents (Tear Gas)
(EX) Explosives
(FH) Firearm (Handgun)
(FR) Firearm (Rifle)
(FS) Firearm (Shotgun)
(FO) Firearm (Other)
(FB) Flashbang
(FL) Flashlight
(OE) Other Weapon: Edged
(OV) Other Weapon: Vehicle
(OB) Other Weapon: Blunt Object
(OO) Other Weapon: Other
(PK) Personal Weapon: Feet/Leg: (Kick)
(PS) Personal Weapon: Feet/Leg: (Sweep)
(PH) Personal Weapon (Hand/Arm)
(PP) Personal Weapon (Push)
(PO) Personal Weapon (Other)
(RS) Resistance
(CN) Restraint Device (Capture Net)
(RH) Restraint Device (Handcuffs)
(HB) Restraint Device: Hobble (Legs Only)
(TP) Restraint Device: Hobble (TARP)
(RE) Restraint Device: REACT Belt
(SP) Sap
(SH) Shield
(SG) 37mm Stinger
(SB) Sting Ball
(ST) Stun Bag
(TR) Taser
(UC) Uncooperative

Type of Injury

(AB) Abrasion
(BR) Bruise
(BU) Burn
(CP) Complaint of Pain
(CO) Concussion
(DH) Death
(DI) Dislocation
(DB) Dog Bite
(FR) Fractures
(GS) Gunshot
(HB) Human Bite
(LC) Lacerations
(ND) Nerve Damage
(OD) Organ Damage
(PA) Paralysis
(PW) Puncture Wound
(SD) Soft Tissue Damage
(ST) Sprain/Twists
(UN) Unconscious
(RM) Refused Med Treatment
(NN) NONE

Body Part Injured

(AD) Abdomen
(AK) Ankle
(AR) Arm
(BK) Back
(BT) Buttocks
(CH) Chest
(EL) Elbow
(FA) Face
(FE) Feet
(FI) Fingers
(GE) Genitals
(GR) Groin
(HD) Hands
(HE) Head
(HI) Hip
(IN) Internal
(KN) Knees
(LE) Leg
(NK) Neck
(NO) Nose
(SH) Shoulder
(WR) Wrist

FORCE USED BY		FORCE USED AGAINST		Method (Code)	Type of Injury (Code)	Body Part (Code)
Name	E# or S#	Name	E# or S#			
I/M Mencia	S#1	Deputy Sexton	E#1	RS,UC	NN	--
Deputy Sexton	E#1	I/M Mencia	S#1	CT	NN	--
I/M Mencia	S#1	Deputy Sexton	E#1	PH	BR	SH
Deputy Sexton	E#1	I/M Mencia	S#1	PH	BR	FA
I/M Mencia	S#1	Deputy Sexton	E#1	CT	NN	--
Deputy Sexton	E#1	I/M Mencia	S#1	PO	BR	FA
Deputy Sexton	E#1	I/M Mencia	S#1	PP	NN	--
Deputy [redacted]	E#2	I/M Mencia	S#1	CT	NN	--
Deputy Ingersoll	E#3	I/M Mencia	S#1	CT	NN	--
I/M Mencia	S#1	Deputy Sexton,Deputy [redacted] Deputy Ingersoll	E#1, E#2, E#3	PO	NN	--
Deputy Sexton	E#1	I/M Mencia	S#1	FL	BR	SH
I/M Mencia	S#1	Deputy [redacted] Deputy Ingersoll	E#2,E#3	PO	NN	--
Deputy Sexton	E#1	I/M Mencia	S#1	PH	AB,BR	FA,HE
Deputy Ingersoll	E#3	I/M Mencia	S#1	PH	BR	BK,CH
Deputy [redacted]	E#4	I/M Mencia	S#1	OC	NN	--
Deputies [redacted] Ingersoll	E#2,E#3	I/M Mencia	S#1	CT,RH	NN	--
I/M Mencia	S#1	Deputy Sexton	E#1	PK	NN	--
Deputy Sexton	E#1	I/M Mencia	S#1	HB	NN	--